136 "meset", small white termite which eats wood.

Flying beetles: "enzezza" (onomatopoetic) resembled big bee, eats holes into wooden beams of houses, does not live in colonies. It makes honey which is despised as "wild" by the Amhara, but zar spirits are believed fond of it, especially in the bush. A greenish variety, "tenzizza", the cockchafer, makes no honey, and is eaten by chickens.

[776 237]

Scorpion ("gint"), though mainly a lowland animal, is found also in river valleys on the plateau. It is considered very poisonous especially to cows who swallow it while grazing and are said to die from it. Brown, finger-length, it hides under rocks. Its sting must be "pulled from the wound", in Amhara practice.

[752]

Wild rodents abound in rural areas, and rats which harbor fleas are common along trade routes. They are also a danger to crops, and one of the reasons why threshed grain is stored in the living-hut, in huge, mud-hardened grain bins.

[241 251]

13 The ecological provinces of Ethiopia can be summarized as follows:

(1) Alpine, high-plateau type.

(2) Forests rich in fauna, and mountain savanna.

(3) Desert or near-desert savanna in lowlands, with belts of tropical forest along the rivers.

231 556 Domestication of animals, as mentioned before, is very old in Ethiopia. To this day, the wealth even of long-settled Amhara peasants is judged according to the number of

1: Messing E-5 (1953-1954)1957 MP5 Amhara MP5

582

757 The pulse is of no interest to the woggesha (unlike ancient medicine in Asia). He relies as heavily on violent purgatives as the ancient Egyptians, and on cauterization (much in the ancient Hippocratic tradition).

The enema, widespread in Asia, is not used. But the intestinal purgatives against tapeworm, especially the famous "kosso" (Quassia abyssinica), have been developed to complex sequences in medical cure. Butter is used as an ointment and mild laxative, sometimes boiled with specific herbs.

The instruments used by the "woggesha" are very simple: a sharp knife, simple forceps or pliers, wire for ripping (e.g. the soft palate), the horn of a cow or antelope or zebra (called "wagäm") for cupping ("aggära"). The latter procedure is not used often, it is tried primarily to cure a chronic headache, by shaving an area on the rear of the skull, making a small incision, and drawing the blood by means of the horn. Artificial nosebleeds are also occasionally produced ("zämäzära"). But drawing blood is done in great secrecy, for the patient is ashamed to have it become known that his "blood is bad". Instead of applying leeches, some patients are taken to a waterhole or lowland lake known to contain leeches, where they expose the sick part of the body in the water, waiting for the leeches to fasten themselves.

752 Some "woggesha" have a great reputation for having saved patients bitten by snakes. The fact is that most Amhara, living on the highland plateau, rarely encounter a really poisonous snake, and suffer most often from the harmless (though painful) bite of the "talba" snake. The patient would recover anyway in due course.

4: Alvarez M-5 (1520-1526) 1881
MP5 Amhara MP5

He said that no men died at the hands of justice, that they flogged many, and put out the eyes of some, and of others they cut off a foot or a hand, according to the quality the crime; but that he had seen a man burned because he was found to have committed two robberies in a church.

That the Pope or Patriarch of the country of Prester John is called Abima, which means father, and that there is nobody else in all the kingdoms and lordships of the Prester who confers orders except him.

The Prester John is called Acegue,[1] which means emperor, and he is called Neguz, which means king.

There is no manner of physic, only they apply fire; in some sickness they use cupping without fire, and for headaches, they bleed on the head with a knife placed on the vein, and they strike it with a stick so that it should draw blood, and also they take some herbs as a beverage to cure themselves.

In all the country there is no town which exceeds one thousand six hundred inhabitants, and of these there are few, and there are no walled towns or castles, but villages without number. The houses generally, or most of them, are round, and all of one story, covered with terraces or thatch, and courtyards round them. People generally sleep on ox-hides, others on beds made of straps of the same hides; no kind of table. They eat in flat trenchers, like trays of great width, without napkins or tablecloths. They have basins of very black earthenware like jet, and pipkins of the same clay for drinking water and wine. Many eat raw meat, and others eat it roasted on the ashes, others roasted over woodfire, and others over cowdung where there is no wood. There is much wax there, and tapers and candles; they do not make candles of tallow. There is no oil there except a kind which they call *hena*, and which is made from some herbs like Mayweed;[2] it has no taste, and is beautiful as gold. There

[1] *Alegue*, an Emperor.

[2] *Pampilhos*, also called *olho de boy*.

*753 Here, again, the consequent ailments are caused by contact-irritation. Although urine-mists can cause pubic sores, more frequently gerifta-mists are inhaled, to affect the body internally. In this role, the mist may irritate the walls of the respiratory tract, causing sneezing and coughing, and penatrate to the heart, where it induces severe local pain, rapid pulsation and its attendant effects.

*763 Some humans also possess illness-causing abilities.
*278 Laymen often know recipes for poisons which can be added
• 762 to a victim's food and drink. Although the inventory of such recipes is great, the poisons' effects tend to be uniform, differing mainly in the rapidity with which death is brought about: Once ingested, the toxin agonizes and destroys the digestive wosfat; simultaneously, it wahses up to chafe the heart into intensive overactivity. Symptomatically, the victim experiences nausea, vomiting, lassitude, and---owing to the heart's cognitive function---severe disorientation. When a poison fails to produce a rapid and painful death, the victim's demise is preceeded by several weeks of indiscriminate and aggressive anti-social behavior as a consequence of the heart's deterioration.

*753 Amhara sorcerors can cause a great variety of ail-
754 ments, as well as other misfortunes not directly affecting the victim's physical well-being. Knowledge of

12:Young E-4,5 (1966) 1971 MP5 Amhara MP5
Begemder

*753 *755 *757 provide information from which therapeutic strategies can be tailored. Amhara use four broad strategies, each linked to a specific etiological context.

• 752 The first of these therapeutic strategies seeks a remission of symptoms by returning the body's parts (generally the limbs and extremeties) to their appro-
*(192) priate positions. For example, excessive walking may dislocate jimat cords of the lower leg from their channels, producing painful lameness (setir, "sprain"). Blood flows into the empty channels, preventing the jimat from returning to their customary locations. Therapy begins with the removal, by cupping, of intrusive blood. An herbal bath is then applied locally to "soften" muscle and jimat, and the latter are then massaged into the now unoccupied channels. This strategy coincides with the afflictions characterized by etiology A, and includes broken bones and muscle paralysis as well.

*753 A second strategy calls for the excision of cer-
752 tain body parts. Excision is limited to diseased tonsils, uvula, and teeth; conditions which are explained by an etiology of type B. These ailments are most often caused by gerifta which has fallen onto the afflicted region. Unlike the situation with other gerifta-caused ailments, there is no other effective therapeutic strategy here, and a reasonably good post-operative prognosis can be assumed.

*753
*767 A third strategy is associated with etiologies B, C, and D. Remission of symptoms is obtained by removing the pathogenic substance from contact with the sickman's person. If a homogeneous and inanimate pathogenic substance has been ingested by the sickman (etiology B), the therapeutic strategy is to expel it physically through one or more of the sickman's body orifices. Most often, an emetic or purge is used, although inhalants and fumitories are also employed and diaphoretic
*[192] effects are sometimes sought. A few pathogenic substances, such as that associated with anfula (an influenza-like ailment), are removed with the blood, by cupping over the area of the body which the pathogen is known to favor. Where the pathogenic substance has been in contact with the sickman's skin rather than being internal, lustrations, poultices, ointments, and medical powders are applied.

*753 Where the introjected pathogen is the self-conscious
*755 agent found in etiology C (i.e., the buda), the strategy remains essentially the same. However, the practitioner must, in dialogue with the disease agent, convince the buda to quit the sickman. To this end, the practitioner
• 752 uses a fumitory offensive to the introjected agent. Ailments of type D etiology (i.e., mers, poison) impose a special requirement on the therapist. There are numerous toxic formulae, and, although all produce similar symp-

752 tomatic effects, each is believed to be complemented by a unique antidote. Cure therefore demands that the poison be identified in order for the antidote to be obtained.

*753 A fourth therapeutic strategy is directed against
*755 ailments of etiology E, where ganel and zar have caused ailments by unknown means. Here, a remission of symptoms is sought by convincing (a zar) or forcing (a ganel) to moderate or relinquish his influence over the sickman.

12:Young E-4,5 (1966) 1971 MP5 Amhara MP5
Begemder

THE WOGEYŠA (CHIRURGEON)

*757 *759 *192 Wogeyša are divided into three named categories, the tagañ, the intil korac, and the yiters medhaniyt awakiy. Practitioners in each category diagnose a set of related ailments, perform therapeutic operations to remedy them, and administer prophylaxis to prevent the development of ailments to which the therapy makes the sickman vulnerable. Laymen have little difficulty in selecting an appropriate kind of wogeyša, since the ailments treated by each category of wogeyša are characterized by unambiguous syndromes which are easily identified by laymen. In addition, a wogeyša's range of medical competence is defined symptomatically; that is to say, his therapies are relevant to the entire range of etiological facts which can be associated with each syndrome he treats. This contrasts with herbalist therapies which are each tied to a specific pathogenic agent, so that often symptomatic information is of itself insufficient for determining whether the therapy of a particular category of herbalist is appropriate to the disease episode at hand. The following paragraphs describe the sequence of activities which characterize the professional activities of each category of wogeyša.

*759 • 752 For the layman, the symptoms of fracture (sebero) and therapeutically related ailments are distinctive

759
752 enough to limit selection of a practitioner to the tagañ, bonesetter. Symptomatically, these ailments are experienced by the Amhara as 1) severe local pain and 2) the inability to move the affected areas (generally limbs, extremeties, and joints). As with other categories of wogeyba, the tagañ's range of competence, symptomatically defined, is clear cut from the layman's point of view. There are ailments not treatable by a tagañ, although characterized by one or the other of these symptoms. In these instances, however, the two symptoms do not appear in combination, but are accompanied by other symptoms which fall unequivocally beyond
[192] the tagañ's competence. Kofa, for example, is an ailment not treated by the tagañ, although it is characterized by an inability to move the limbs. This syndrome includes, however, high fever and generalized pain, both beyond the tagañ's therapeutic powers. On his arrival at the sickman's, the tagañ conducts his own diagnosis, examining the affected area and looking for other relevant symptoms. His interest is not so much to confirm the generic character of the ailment, as to discover its specific nature (sometimes classifiable under a disease name with which laymen are unfamiliar), and to evaluate the complexities of the specific case. A fracture (sebero) always involves more than a broken

*759 33

*762 bone, for jimat cords in the area of the break are invariably stretched and malaligned. It is the twisted jimat, in fact, which prevent the sickman from moving the affected area, and whose effects the tagañ knows *[192] to be symptomatically dominant. Thus, the tagañ seeks to learn whether a bone has actually been broken, whether only jimat are involved (a condition known as walemta), or whether an organ other than bone has distorted the jimat (for example, intrusive blood in an ailment known as setir).

The diagnosis and operation are conducted in the sickman's hut, away from the sun, and are attended by sufficient men---relatives and neighbors of the sickman, and companions of the tagañ---to restrain the sickman while the practitioner works over him. No anaesthetics *[753] are used during any part of the treatment. Before his *[192] diagnosis, the tagañ cleanses the affected area with water, since dirt is associated with both gerifta-caused effects and certain superficial infections, known as kusil, that often follow contusions and other injuries to *[278] the skin. After cleansing, the area is massaged with an unguent, made of domestic oils or fat, into which the leaves of medicaments have been minced and mixed. This unguent softens muscle and jimat, allowing the tagañ to palpate the region for his diagnosis.

Most tagañs reckon the diagnostic massage also

*759
• 752 capable of rendering bone and jimat supple enough to be manipulated into their appropriate positions. It is important that the bone be set precisely, for if improperly aligned it will stretch the jimat and cause them to twist once more, bringing a recurrence of the original symptoms.

[413] [177] If palpation or visual inspection indicate that the bone has splintered, an incision is made over the break and the splinters are removed with an instrument specially brought for this purpose. These instruments are of European manufacture and exotic by local standards, ranging from cosmetic tweezers to surgical forceps. After the bone has been set and the jimat moved into their proper relationships, a wooden splint is secured over the fracture and is tied with strips of toga cloth.

*[757] *[278] *[192] When an incision is made, an herbal poultice is placed over the cut and wrapped beneath the splint, as a precaution against subsequent infection (kusil). Every tagañ owns a recipe for an unguent, and the medicaments used in it are kept a professional secret. However, not all tagañs have recipes for kusil prophylaxis. Without the latter, a tagañ who wishes to treat compound fractures must obtain the services of an herbalist whose specialty is the treatment of kusil. Similarly the tagañ who is able to treat compound fractures

*759 without the assistance of another practitioner is him-
▲762 self identifiable as a kusil herbalist (yikusil med-
haniyt awakiy), a non-wogeyša professional identity.

752 While the splint is worn, the sickman is directed
262 to eat quantities of a restorative (atmit); for frac-
*[192] ture, this consists of fatty meats, which are believed conducive to the mending of bones. After the splint has been removed, the affected region is regularly massaged with the unguent compound which had been used during diagnosis and therapy. The massage aims to restore normal flexibility to the affected body part. Some therapists continue the atmit regimen during this period and even beyond it.

*759 Alone among Amhara secular practitioners, the
752 tagañ practices a therapy which immobilizes the sickman for an extended period. During recuperation, therapeutic massages must continue, and the instability of the sickman's jimat preclude his moving about. When a tagañ is famous for difficult therapies, such as breaking and resetting improperly set bones or treating paralyzed limbs, he attracts sickmen from great dis-
[758] tances. Since these sickmen cannot leave the tagañ until pronounced cured, they require access to local accomodations and the assistance of a relative or servant to prepare their meals and tend to other personal

+759
• 752
788

needs.[1]

* 759 The wogeysa's remaining therapies---excision of
+753 tonsils (ankar) and teeth---are characterized by simpler
752 diagnosis and treatment than are the tagañ's works.
[843] Swollen and inflamed tonsils (komahaw) may be caused by
* [192] gerifta; in infants, however, the condition may be congenital, brought on by the over-exertions of the child's mother during pregnancy. It is considered a potentially mortal affliction, since the sickman is unable to swallow and loses weight rapidly; eventually the organ bursts and death follows. Tonsils are excised with the assistance of a reed through which a loop of horse
[413] hair has been slipped. With this, the offending organ
[199] is held fast, and excised by whatever type of blade the therapist regards as most efficacious (e.g., a razor, imported 'Arab' knife, or fragment of glass).[2] Kusil

[1]During 1966, the foremost tagañ of Begemder had the following sickmen living simultaneously in three huts which he had erected on his fields; 1) a woman from Woggera (see map 1), with a fractured clavicle, assisted by her daughter; 2) a four year old boy, with a shoulder injury, accompanied by both parents; 3) a woman with a broken fore-arm, from Belsea, assisted by a locally acquired servant; 4) a woman from Tigre, with an immobile right arm, assisted by a locally acquired servant.

[2]In the Gondar area, both tonsils and uvula are classified as 'ankar'. Elsewhere in Begemder, they are often distinguished as 'ankar' and 'intil'. Therapeutically, diseased tonsils and uvula are treated the same, and a wogeysa capable of treating one invariably treats the other.

*753 *759 *752 *[278] *(192) [865] *[278] *[192] [413] [177] *[278]

is considered a potential, but not immediate danger following excision. If an ankar korac ("tonsil cutter") is also a kusil herbalist, he may smear a prophylactic unguent over the face of the excision, but prophylaxis is not generally given. Even when kusil does occur (the syndrome known as yiankar mokusil), it is expected to regress either without any treatment, or by benefit of a commonly known herbal infusion. A young child is considered too small and frail to endure this operation and the subsequent period of increased vulnerability to gerifta and kusil. In such cases, the child is given a palliative to drink; in addition, a portion of the ingredients used in the drink is prepared as an unguent, and rubbed onto the affected area, against that time when the child will be old enough to withstand the operation.

The dental wogeyša is known as a "yiters medhaniyt awlakiy". As with other wogeyša-treated ailments, toothache can be traced to multiple causes, whose identification is only marginally important to the practitioner. Toothache is caused either by sun-borne gerifta or by an intrusive worm whose presence is made apparent by the caries it bores out. The ultimate and most successful therapy of the yiters medhaniyt awlakiy is extraction, with the use of European dental pliers. Because of the pain associated with this operation, laymen often

12:Young E-4,5 (1966) 1971 MP5 Amhara MP5
Begemder

use local applications of commonly known palliatives, until subsequent discomfort obliges them to consult a tooth extractor.[3] In addition to simple toothache (yiters himem), gerifta may result in rheumatoid pain (kurtimat) in the cheek teeth and adjacent jaw, accompanied by swollen, itching gums. Although herbal poultices are available for this syndroms, only tooth extraction promises permanent relief. The yiters medhaniyt awlakiy also treats the newly irrupted teeth of year-old infants. The upper lateral incisors are believed to often cause infants severe pain, resulting in incessant crying, diarrhea and failure to suckle properly. To remedy this dangerous situation, the practitioner removes the offending teeth using an awl-like implement. In each of these dental operations, kusil is considered no real danger, and prophylaxis is not given.

Toothache is perhaps the only ailment for which wogeyša and herbalist (see below) both offer therapies. The differences here are illuminating: The dental wogeyša's therapy is only incidentally concerned with causes,

[3] In the abstract, these palliatives (distilled spirits known as arakiy and ginger root) are only effective against the intrusive worm, but in reality they are used even when evidence of the worm agent (til), i.e., caries, are not apparent.

*759
• 752
*[278] and his therapeutic domain is defined symptomatically to include all tooth ailments; the herbalist's therapy is limited to destroying the intrusive worm (by local application of the ember of a selected herbal) and removing it (with an herbal gargle).

*759
*757 None of the three categories of wogeysas (boneset-ter, tonsil excisor, tooth extractor) is graded internally with regard to therapeutic differences, as is the case with herbalists. There is sufficient technical uniformity among wogeysas of each category so that laymen cannot distinguish the therapeutic procedures of, say, one ankar korac against those of another.

To be sure, there are some technical differences among the practitioners of a single named specialty---in the composition of medicaments (e.g., unguents), the instruments which are used, and the numerological content of therapies---but the advantage which any of these give a practitioner is in itself never sufficient to explain his record of therapeutic success. It is rather a wogeysa's manual skills as a manipulator of errant body parts or as an excisor of diseased ones which is believed to set him apart from his less successful colleagues.

The wogeysa's numerological information indicates optimal amounts of therapy, neither too slight to produce a remission of symptoms, nor so excessive that a new undesireable condition is caused the sickman. In tagañ [762]

*757
*759 therapies, for example, some practitioners contend that
• [752] the single diagnostic massage for fracture is insufficient for setting a broken bone. They claim that a massage on each of three successive days is required; two days massage will not soften the bone enough for proper ailgnment, while four days massage may distort it. Similar numerological considerations in tagañ therapies relate to the manufacture of medicaments, the duration of the splinting period, the number of days during which atmit is consumed, and the number of repetitions required by the final massage. Because these numerological elements are considered inextricably bound, sometimes diffusely, to one or more other components of a therapy, they cannot be freely inserted into the therapies of other tagañs.

THE HERBALIST

75 The Amhara herbalist treats ailments caused by the ingestion or introjection of pathogenic substances into a victim, and by his superficial contact with such substances. In this section, ailments characterized by ingested or introjected pathogenic substances will be considered first. The assumptions made by Amhara herbal medicine are relatively simple here: In order to obtain a remission of the disease symptoms, the responsible

5

*757 is then slain and thrown along the roadside or trail.[7] Chapter one describes an analogous therapy for ankalis (measles), involving the preparation of foodstuffs.

*759 Such offerings are more conspicuously a part of thera-
*793 pies performed by balazar-healers or directed by debtera-healers, since these therapists are able to determine the particular offering regarded as most desireable by the causal agent.

*757 Finally, two household techniques, supplementary to professional therapies, are each limited to a single disease agent, which is responsible for a single named ailment. In the first, an attempt is made to frighten away the introjected agent by exposing it to a substance
* [752] that it abhors. Here, the sickman has been bitten or
* [192] slavered upon by a rabid dog (matfow wuwša). He must submerge himself in running water, lest he be later overwhelmed by this hydrophobic dog-like agent now within
* [192] him. The second household technique attempts to eject the introjected agent for jaundice (yililiyt bašiyta) by verbal means. Here, the sickman must, unawares, incorporate (i.e., eat) the physical aspect of the causal agent (a bat), and then expel its incorporeal aspect

[7] If the swollen nodes co-occur with other symptoms, such as superficial infection (kusil), professional therapy is simultaneously obtained for the latter ailment.

This procedure, of three horn-fulls twice a day, is known as gomac, and is characteristic of all of the agamiy's cuppings. Cupping is also performed for anfula, an influenza-like syndrome. Here, the pathogenic substance (baŠiyta) is a moving target which must be followed over the sickman's trunk. Cupping begins over that side of the chest experiencing the greatest discomfort. The baŠiyta typically flees from the agamiy's horn to the other half of the chest; the sickman tracing its movement with his finger until the agamiy sees the impression of the baŠiyta, and recommences sucking. The baŠiyta's final flight always takes it over the sickman's upper back, where the agamiy cups for a third and final time. No incisions are made for anfula, and here the extruded blood is examined for evidence of white substances (being the baŠiyta), in addition to coagulated material. The cupper also treats snake bite, chronic pain (wuwgat), and tender swelling of the leg (igoribac).

The agamiy's second therapeutic strategy is used while assisting the chirurgeon in drawing out intrusive blood responsible for distorting jimat cords (an ailment known as astir). Here, the chirurgeon selects the location for the incision; the gomac procedure is followed, and the extruded fluid is examined for evidence of the hardened intrusive blood (tikur waha), whose removal is necessary before the jimat can be properly aligned

*755
*756
+757
*759
• 752
758
*[192]

through the chirurgeon's massage.

Bleeding is regarded as a fatiguing experience for the client, and must be followed by a rest of two or three days. Bleeding for ras mitat is considered an exception, and no rest is required. However, the sickman is particularly vulnerable to gerifta during recuperation and, so, cannot leave his hut for fear of a relapse.

*755
+756
*757
+759
[806]

The cupper is unique among lay practitioners in several respects. First, he occasionally works under the direction of another category of practitioner, the tegan (wogeya). Second, there are special physical requirements; the agamiy must have all of his incisors, and the upper and lower teeth must meet in an unbroken plane. Third, the agamiy exposes himself to certain dangers in the performance of this therapy. Because he must remove a pathogenic substance through the medium of the sickman's blood, there is the danger that, should any of the blood enter his own mouth, the agamiy may himself fall ill with the ailment he is treating. In addition, contact with this blood threatens those chronic ailments from which the sickman suffers (such as the rheumatoid pains associated with kitin, syphilis).

*[192]

The agamiy's cup is a short, hollow bovine horn, whose tip has been removed. Selected leaves, which have been dried and then steeped to make them pliable, are

[824]

*278
*759 peutic effectiveness. The uniformity of the chirurgeons' healing powers can be traced to the fact that their operations are relatively simple and easily learned. [602] A man begins his apprenticeship while still a youth, under the tutledge of a senior kinsman. Generally, he does not assume professional status until his mentor has died or retired, or until he has moved beyond the natal parish and out of the range of possible competition with his healer-kinsman. In either event, the apprenticeship is lengthy enough to ensure technical mastery, within the limits set by the healer's natural abilities. [752] The tagañ (bonesetter) is an exception, since his operations are by no means simple, and his natural skills more significantly affect his success as a therapist. Thus, there are more considerable differences in healing powers among tagañs than among other chirurgeons.

Second among these differences setting chirurgeon apart from herbalist are the criteria which healers each employ to decide whether a specific disease episode is appropriate to his therapy. The medical domain of a chirurgeon can be defined exclusively according to symptomatic criteria, grouped into unambiguous syndromes. Therapeutic failure can usually be explained only in terms of the chirurgeon's lack of competence. For the herbalist, symptomatic criteria, by themselves, are ambiguous. The symptomatic definition of each herbalist

*278
*767
*759

000 intend to profit from her curing.

NARRATIVE 3

*757 While out playing, ten year old Tesfahun and two
• 752 companions were bitten by a dog. After they returned to their ward, Tesfahun told his mother, Berey, what had happened; and the woman took him to a nearby stream. She directed him to wade into it, so that he would not develop the fear of water that is characteristic of the later stages of rabies (yimatfow wuwša bašiyta), when the introjected dog-like spirit agent begins to make its
*278 hydrophobic presence felt. In her village there lived
*767 a yimatfow wuwša bašiyta medhaniyt seci. From this her-
*759 balist, Berey received a root with the directions that, once it had been ground and mixed with water, it must be
*278 immediately consumed or would loose its potency. On the
*755 next day, before she had an opportunity to prepare the
*756 infusion, Berey fell into a conversation with a neighbor
*757 regarding the previous day's happenings. The neighbor,
*759 a Muslim, remarked that a fukura (here, a Muslim healer analogous to a "weak" debtera) living in another ward was famous for his ability to treat rabies. Tesfahun was taken to the fukura, who commanded him to undress and gaze into the practitioner's mirror. While the boy stared at it, the fukura, who was a blind man, did like-